

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 24, 2008
Secretary of State

DOCUMENT# N04000009334

Entity Name: VIA PALMA DELRAY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1400 EAST OAKLAND PARK BOULEVARD
210
OAKLAND PARK, FL 33334**New Principal Place of Business:**1220 DANBURY AVE
DAVIE, FL 33325**Current Mailing Address:**1400 EAST OAKLAND PARK BOULEVARD
210
OAKLAND PARK, FL 33334**New Mailing Address:**P O BOX 934312
MARGATE, FL 33093**FEI Number:** 20-2168166**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HALPIN, SUSAN
1400 EAST OAKLAND PARK BOULEVARD
210
OAKLAND PARK, FL 33334 US**Name and Address of New Registered Agent:**HALPIN, SUSAN
3130 HOLIDAY SPRINGS BLVD
311
MARGATE, FL 33063 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

03/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: GUERRIERI, FRANK
Address: 14340 ARLINGTON PLACE
City-St-Zip: DAVIE, FL 33324**Title:** ST () Delete
Name: HALPIN, SUE
Address: 1400 EAST OAKLAND PARK BOULEVARD STE 210
City-St-Zip: OAKLAND PARK, FL 33334**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** ST (X) Change () Addition
Name: HALPIN, SUE
Address: 3130 HOLIDAY SPRINGS BLVD SUITE 311
City-St-Zip: MARGATE, FL 33063**Title:** D () Change (X) Addition
Name: BATALLAS, WILLIAM H ESQ
Address: 4901 NW 17 WAY SUITE 403
City-St-Zip: FT. LAUDERDALE, FL 33309**Title:** D () Change (X) Addition
Name: DUFFY, KEVIN
Address: 5445 VIA DELRAY
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE HALPIN

ST

03/24/2008

Electronic Signature of Signing Officer or Director

Date